MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S) 10/543038

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		Ø					56						
7		Ø					57						
8		Ø					58						
9		Ø					59						
10		Ø					60						
11		Ø					61						
12	1						62						
13		1					63						
14		1					64						
15		1					65						
16		Ø					66						
17							67						
18							68						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	14						TOTAL DEP.						
TOTAL CLAIMS	16						TOTAL CLAIMS						

PTO - 1360 (REV. 11/84)